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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Marchitto, K. & Flock, S.

ART UNIT:

FILED: February 6, 2004

§§§§§

SERIAL NO.: 10/774,320

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FOR: Activated Delivery of Biomolecules  
Using Electromagnetic Energy

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EXAMINER:

DOCKET:

D6327CIP

MS DD  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

Dear Sir:

I hereby certify under 37 CFR 1.8 that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to: MS: DD, Commissioner of Patents, P.O. BOX 1450, Alexandria, VA 22313-1450, on the date indicated below.

- 1) Information Disclosure Statement; and
- 2) PTO Form 1449 (Three References cited)

Please return the enclosed postcard acknowledging receipt of this correspondence.

Respectfully submitted,

Benjamin Aaron Adler, Ph.D., J.D.  
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INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(c)

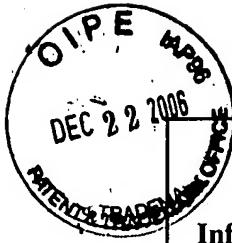
Dear Sir:

Enclosed herewith for filing under 37 C.F.R. 1.97(c) in the above-referenced matter is form PTO-1449 together with copies of the references listed therein. If any questions remain, the Examiner is respectfully requested to call the undersigned attorney at (713)-270-5391.

Respectfully submitted,

Benjamin Aaron Adler, Ph.D., J.D.  
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**U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE****Information Disclosure  
Statement**

DOCKET NO.:	D6327CIP
SERIAL NO.:	10/774,320
APPLICANT:	Marchitto, et al.
FILING DATE:	February 6, 2004
GROUP:	

**U.S. PATENT DOCUMENTS**

Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date
	5,551,953	9/3/96	Lattin et al.	604	20	10/31/94
	5,752,976	5/19/98	Duffin et al.	607	32	6/23/95

**FOREIGN PATENT OR PUBLISHED FOREIGN PATENT APPLICATION****Publication:** Patent Cooperation Treaty (PCT)**Translation:** English**Document Number:** EP 0 896 828 A2 **Date:** 2/17/99**Country:** Great Britain**Class Or Subclass:** A61N 1/372**Patent:** Yes  No **Title:** An Active Implantable Patient Monitoring Device**OTHER DOCUMENTS (Including Author, Title, Place of Date, Publication)****Examiner****Date Considered****EXAMINER:** Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute Disclosure Form (PTO-1449)